

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: D-87
L. S. Elevation: _____
B-log #: _____

County: George
Permit #: _____
Driller: Michael Wade
Date drilling completed: 7-29-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Joe Davis</u>	Latitude: <u>30° 55' 38" N</u> Longitude: <u>088° 28' 44" W</u>
Mailing Address: <u>116 Harvard Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lucedah MS 39452</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 Sec. 27 T15 R6W</u>
Telephone No. ()	Distance: <u>2 1/4 Miles</u> Direction: <u>SSE</u> of Nearest Town: <u>Rocky Creek</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-29-05 Date well drilling completed: 7-29-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 100 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 160 Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 20 feet Screen diameter: 4 1/2 inches Type of screen: PVC wrapped

Screen slot size: 1/8 inches Setting depth: From 140 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Undecreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael R Fryfogel 0408
Print Name of Water Well Contractor and License No.

Michael R Fryfogel 0408
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: D87

Elevation: _____

County: Dezoz
 Permit #: _____
 Driller: Michael Wade
 Date completed: 7-29-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Joe Davis</u>	Latitude: <u>30 55 38 0N</u> Longitude: <u>088-28 44 0W</u>
Mailing Address: <u>116 Harvard Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedal MS 39452</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	1/4 1/4 Sec. <u>27</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 1/4</u> Miles <u>SE</u> of <u>Rocky Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>7-29-05</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-29-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>100'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>20</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fryfogle 0408
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogle 0408
 Signature of Pump Installer

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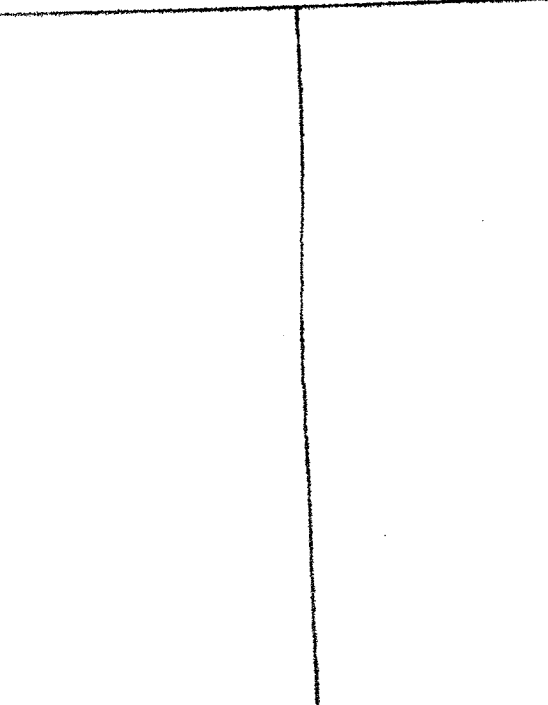
AUG 24 2005

BY: OLWR

D87

If well telescopes please sketch below and show depths.

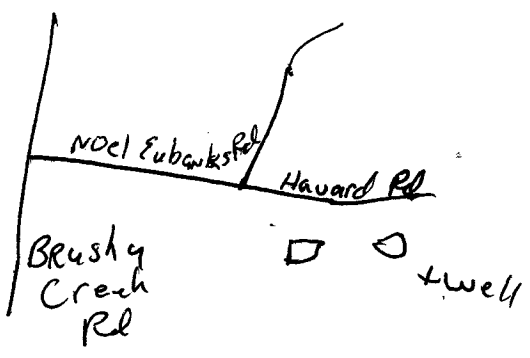
Ground Level



Description of Formations Encountered	From	To
top sand	0	3
Clay	4	9
sand	9	20
Clay	20	50
sand	50	63
Clay	63	88
Blue clay + silt	88	95
Blue clay	95	144
sand	144	160

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Joe Davis

Michael R. Fry 0408
Signature of Water Well Contractor

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